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Evaluation of the use of insecticide treated nets (ITNs) in Aba, South Eastern Nigeria

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Background: Over the past decade, significant gains have been made in the implementation of malaria preventive measures in sub-Saharan Africa, including the distribution of insecticide treated nets (ITNs). These have been shown to cause a reduction in the incidence of malaria and other mosquito borne diseases. Knowledge, attitude and practices of the use of ITNs were critically evaluated in Aba, south eastern Nigeria from February to July, 2013.

Methods & Materials: A cross-sectional study was conducted in four communities in Aba. A total of 500 household heads or their representatives were surveyed using a pre-tested structural questionnaire administered through house-to-house interview.

Results: Out of the 500 respondents interviewed, 460 (92.0%) associated malaria with mosquito bites. On home management practices used to prevent mosquito bites, 299 (59.8%) use ITNs, 100 (20.0%) use insecticide sprays, 45 (9.0%) use window/door nets while 32 (6.4%) use repellants. The use of ITNs based on age showed that people between ages 26 and above had the highest percentage (51.8%), while ages 15–20 had the least (9.3%). Based on levels of education, 179 (66.5%) of those with tertiary education use ITNs, 65 (21.0%) of those with secondary education and only 3 (1.0%) of the illiterate group use ITNs.

Conclusion: Despite increased access to this intervention over time, the use of ITNs still remains low. There is a need therefore to create more awareness of the anti-malarial significance of ITNs, through intensified health education programmes.

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Knowledge of infection prevention and control in a tertiary hospital in Bauchi, NigeriaY.B. Jibrin^{1,*}, A. Mohammed², M. Sani¹, O.O. Kenneth³, A. Tahir¹¹ ATBU Teaching Hospital, Bauchi, Bauchi, Nigeria² Abubakar Tafawa Balewa University Teaching, Bauchi, Nigeria³ Federal Medical Centre, Makurdi, Nigeria

Background: Hospital associated infections (HAIs) account for prolonged patient hospitalization and increased medical expenses,

which invariably leads to high morbidity and mortality. Transmission of microorganisms implicated in HAIs is carried on the hands of health care workers, improper sterilization and non-adherence to basic hand washing practices. Most tertiary hospitals in low-income countries lack effective and efficient infection prevention and control units, which translate to low level of awareness and public health implication. Based on this observation, we decided to assess the knowledge of our health care workers on standard infection prevention and control procedures.

Methods & Materials: The Abubakar Tafawa Balewa University Teaching Hospital, Bauchi was formally a State Specialists Hospital which was converted to a Federal Teaching Hospital in 2010. It is a 650 bedded tertiary hospital with a mandate of provision of health care services, training and research. This cross-sectional study was conducted in October, 2013, involving 157 health care workers in the wards and clinics. Ethical clearance was obtained. Standard self-administered questionnaires were distributed to 200 consented participants. 157 responded. The questionnaires highlighted the risk factors or possible risk factors of HAIs, and respondent can either agree or disagree.

Results: Majority of the respondents 94(59.9%) their duration of employment were less than 5 years. 17(10.8%) 5–10 years; 40(25.6%) >10 years and 6 of the respondents did not indicate. 83(52.9%) were screened for either Hepatitis B (HBV), or Human Immunodeficiency Virus (HIV) or Tuberculosis (TB) in post-employment procedures. 22(14.0%) were screened for HIV only, 19(12.0%) for HIV and HBV and 12(7.6%) for TB only. Majority (79.8%) of respondents strongly agreed that risk factors raised in the questionnaires increase hospital associated infections. Comparing the duration of employment of respondent with the questions asked, strong agreement were more with staff in less than 5 years of employment (p value 0.00001).

Conclusion: The respondents showed high level of knowledge of infection prevention and control. However, continuous education on infection prevention and control and surveillance to reduce transmission of infection within the hospital and spread of infection to the community remains an utmost clinical task.

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MDRO screening of patients recently hospitalized abroad: One screening policy fits all?

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Background: The Netherlands has a low prevalence of multi-drug resistant organisms (MDRO). All admitted patients who were recently hospitalised abroad are screened for MDRO. Currently, patients visiting outpatient departments are not being screened for MDRO. However, a substantial proportion of outpatients is hospitalized within a few months after outpatient visit. We conducted a MDRO screening study among all patients who had been hospitalised abroad in the two months prior to attending our hospital.